

Attachment 08b: WIOA Dislocated Worker Eligibility Checklist

Applicant Name: _____

Application Date: _____

Completed By: _____

DISLOCATED WORKER	
GENERAL ELIGIBILITY CRITERIA (Verify each criterion unless specified otherwise)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criterion is required)
BIRTH DATE/AGE Note: The Dislocated Worker program does not have a minimum age requirement.	<input type="checkbox"/> Baptismal Record (If date of birth is shown) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD-214 Form (Report of Transfer or Discharge) <input type="checkbox"/> Driver's License <input type="checkbox"/> Federal, State or Local Issued Identification Card <input type="checkbox"/> Hospital Record of Birth (If full name is shown) <input type="checkbox"/> Passport <input type="checkbox"/> Public Assistance/Social Service Records <input type="checkbox"/> School Records or Identification Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Family Bible
SELECTIVE SERVICE REGISTRANT Note: Each male registrant 18 years of age or older born on or after January 1, 1960, must present evidence that he has complied with <i>Section 3</i> of the Military Selective Service Act. ¹ Each male who turns 18 years of age during the WIOA participation must also submit evidence that he has complied with the requirements of the Military Selective Service Act.	<input type="checkbox"/> Acknowledgement Letter <input type="checkbox"/> Form DD-214 ¹ <input type="checkbox"/> Screen printout of the Selective Service Verification Internet site <input type="checkbox"/> Selective Service Status Information Letter ² <input type="checkbox"/> Selective Service Registration Card <input type="checkbox"/> Selective Service Registration Record (Form 3A) <input type="checkbox"/> Selective Service Verification Form <input type="checkbox"/> Stamped Post Office Receipt of Registration <input type="checkbox"/> Electronic Records
DISLOCATED WORKER	

¹ Men who separate from active military duty for any reason before they turn age 26 must register for Selective Service. See "Who Must Register" chart at www.sss.gov/must.htm for specific military-related requirements.

² Since January 1995, the Selective Service System has been issuing "status information letters" in lieu of previous system of "advisory opinion letter."

AUTHORIZATION TO WORK U.S. citizens, born or naturalized, are always authorized to work in the United States, while foreign citizens may also be authorized if they have an immigration status that allows them to work.	<input type="checkbox"/> One Verification Source from List A of the I-9 Form OR <input type="checkbox"/> One Verification Source from List B of the I-9 Form AND <input type="checkbox"/> One Verification Source from List C of the I-9 Form
ELIGIBILITY CRITERIA (Verify each criterion unless specified otherwise)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criterion is required)
ELIGIBILITY GROUP A–Terminated/Laid Off	
(A) (1) Has been terminated or laid off, or who has received a notice of termination or layoff, from employment; <p style="text-align: center;">AND</p>	<input type="checkbox"/> Worker Adjustment and Retraining Notification Act (WARN) notice (Rapid Response List) <input type="checkbox"/> Photocopy of a printed media article or public announcement describing the layoff. The photocopy must include the name of the medium in which published and the date of publication. <input type="checkbox"/> Employer or union representative letter or statement <input type="checkbox"/> Self-Attestation
(2) (a) Is eligible for or has exhausted entitlement to unemployment compensation; <p style="text-align: center;">OR</p> (b) Has been employed for a duration sufficient to demonstrate, to the appropriate entity at a One-Stop center, attachment to the workforce, but is not eligible for unemployment compensation due to insufficient earnings or having performed services for an employer that was not covered under a State unemployment compensation law; <p style="text-align: center;">AND</p>	<input type="checkbox"/> Unemployment Insurance records <input type="checkbox"/> Statement by an Unemployment Insurance representative <input type="checkbox"/> Paycheck stubs <input type="checkbox"/> W-2 and/or Tax Returns <input type="checkbox"/> Statement by the employer or union representative <input type="checkbox"/> Self-Attestation
(3) Is unlikely to return to a previous industry or occupation. [<i>continued</i>]	<input type="checkbox"/> Worked in a declining industry or occupation as documented on a state or local/regional labor market information list <input type="checkbox"/> Documented lack of job offers or rejection letters from employers in the prior industry or occupation <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Internet site, such as Talent Connect that indicates lack of industry/occupation availability <input type="checkbox"/> Screen print of local or regional Labor Market Information screens that indicates lack of industry/occupation availability <input type="checkbox"/> Doctor statement indicating applicant's inability to return to previous industry/occupation due to physical limitations <input type="checkbox"/> Vocational rehabilitation counselor's statement indicating applicant's inability to return to previous industry / occupation due to physical limitations

DISLOCATED WORKER

ELIGIBILITY CRITERIA

(Verify each criterion unless specified otherwise)

ACCEPTABLE DOCUMENTATION

(Only one document from this column per eligibility criterion is required)

ELIGIBILITY GROUP B—Plant Closure/Substantial Layoff

(B) (1) Has been terminated or laid off, or has received a notice of termination or layoff from employment as a result of any permanent closure of or any substantial layoff at, a plant, facility, or enterprise;³

OR

- ☐ Closure or substantial layoff
- ☐ Bankruptcy documents, if declared under *Chapter 7*, Title 11 U.S.C. Notice of Foreclosure, or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance
- ☐ Copy of a printed media article/announcement describing the closure/mass layoff; the copy must include the name of the medium in which published and the date of publication
- ☐ Statement from the employer or union representative
- ☐ Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual
- ☐ Copy of a **valid** WARN notice provided by the employer or authorized representative
- ☐ Self-Attestation
- ☐ Notice of Layoff or Laid Off
- ☐ Copy of other specific notice to employee of intent to layoff
- ☐ Employer or union representative letter or statement

(2) Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days;

OR

(3) For purposes of eligibility to receive services, other than training services, career services, or support services, is employed at a facility at which the employer has made a general announcement that such facility will close.

- ☐ Bankruptcy documents, if declared under *Chapter 7*, Title 11, U.S.C. Notice of Foreclosure, or a similar document provided by a financial institution when such document clearly shows that a closure or mass layoff will occur as a result of its issuance
- ☐ Copy of a printed media article /announcement describing the closure/mass layoff. The copy must include the name of the medium in which published and the date of publication
- ☐ Statement from the employer or union representative
- ☐ Statement from the employer's bank official, attorney, supplier, accountant, or another knowledgeable individual
- ☐ Self-Attestation

³ **Note:** In the case of downsizing or workforce reduction when it is unclear which employees will be affected, a layoff notice is appropriate.

DISLOCATED WORKER

DISLOCATED WORKER	
ELIGIBILITY CRITERIA (Verify each criterion unless specified otherwise)	ACCEPTABLE DOCUMENTATION (Only one document from this column per eligibility criterion is required)
ELIGIBILITY GROUP C–Self-employed	
<p>(C) Was self-employed (including employment as a farmer, a rancher, or a fisherman), but is unemployed as a result of general economic conditions in the community in which the individual resides or because of natural disasters.</p>	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Bankruptcy documents listing both the name of the business and the applicant's name <input type="checkbox"/> Business License <input type="checkbox"/> Copy of a Completed Federal Income Tax Return (Schedule SE) for the most recent tax year <input type="checkbox"/> Copy of a printed media article/announcement describing the closure/mass layoff. The copy must include the name of the medium in which published and the date of publication. <input type="checkbox"/> Copy of Articles of Incorporation for the business listing the applicant as a principal <input type="checkbox"/> Self-Attestation </div>
ELIGIBILITY GROUP D–Displaced Homemaker	
<p>(D) Is a displaced homemaker.</p> <p style="text-align: center; margin: 20px 0;">OR</p>	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment (Registration) Form <input type="checkbox"/> Cross-Match with Public Assistance Records <input type="checkbox"/> Copy of Spouse's Layoff Notice <input type="checkbox"/> Copy of Spouse's Death Record <input type="checkbox"/> Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment) <input type="checkbox"/> Copy of Divorce Records <input type="checkbox"/> Copy of Applicable Court Records <input type="checkbox"/> Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Employment Plan </div>
ELIGIBILITY GROUP E–Is the Spouse of a Member of the Armed Forces	
<p>(E) (1) The Spouse of a member of the Armed Forces on active duty and who has experienced a loss of employment as a direct result of relocation to accommodate a permanent change in duty station of such member;</p> <p style="text-align: center; margin: 20px 0;">OR</p> <p>(2) Is the spouse of a member of the Armed Forces on active duty and whose family income is significantly reduced because of a deployment, a call or order to active duty pursuant to a provision of law, a permanent change of station, or the service-connected death or disability of the member;</p> <p style="text-align: center; margin: 20px 0;">AND</p> <p>(3) Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.</p>	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> Self-Attestation <input type="checkbox"/> Signed Intake Application or Enrollment (Registration) Form <input type="checkbox"/> Cross-Match with Public Assistance Records <input type="checkbox"/> Copy of Spouse's Layoff Notice <input type="checkbox"/> Copy of Spouse's Death Record <input type="checkbox"/> Copy of Spouse's Permanent Change of Station (PCS) Orders (for a military move or assignment) <input type="checkbox"/> Copy of Divorce Records <input type="checkbox"/> Copy of Applicable Court Records <input type="checkbox"/> Copy of Bank Records (showing financial dependence on spouse, no separate individual income support, or no employment income earned) <input type="checkbox"/> Needs Assessment <input type="checkbox"/> Signed Individual Employment Plan </div>